

U.S. Small Business Administration Settlement Sheet

OMB APPROVAL NO.: 3245-0200 EXPIRATION DATE: 3/31/2005

2011 8 200	`	Settlement Sheet			
Lender (Name and Address - Include Zip Code)		Borrower (Nan	Borrower (Name)		
SBA Loan Number (10 digits)		Lender Compu	utes Interest on a	day basis.	
Sum of Prior disbursements	\$	+ This Disbursement \$	= Total \$		
overvaluing collateral, or Borrower, subject to the (1) that the proceeds at Loan Authorization, (2) fixed assets since applied encumbrances against the Lender certifies that disaccordance with the Locapital, cash to reimbur proceeds, or as otherwise.	S.C. 1001 and 15 U.S.C. 645 or other prohibited acts. To in ese provisions, acknowledges this disbursement will be, and that there has been no substaction for this loan was filed the real or personal property subursement of the loan process an Authorization by issuance are borrower for evidenced exist directed by the Loan Authorization from the Loan funds.)	nduce SBA, directly or incomplete specific speci	directly, to participate in this on	loan, theand certifies dance with the on, operations, or are no liens or ion for this loan. forth below and in a for cash operating thorized use of ds as listed below,	
•	, of Authoriz	ation "Use of Proceeds"			
Subparagraph	Name of Payee	Date and Amount of	f Payment Purpo	ose	
affiliates or attorneys h payment or benefit, or servicing of this loan (call fees not approved by	to participate in the loan, <i>Ler</i> ave charged or will charge or require a compensating balance than those reported on Sept. SBA are prohibited, except a Form 750 "Guaranty Agreement"	receive, directly or indire ce, Certificate of Deposit, BA Forms 4 or 159 "Cor as may be specifically per	or other security in connecting mpensation Agreement"). It	ssion, or other ion with making or is understood that	
Lender		Borrower _			
Ву		Signed _			
Date		Date			
This Certification must	be signed and retained in lendets, sign and attach hereto.		sement. If there is a large n	umber of checks,	
SBA Review By		Title	Date		

The estimated burden for completion of this form is 45 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3RD St., S.W. Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building. Room 10202. Washington. D.C. 20503. OMB Approval (3245-0020). PLEASE DO NOT SEND FORMS TO OMB

